



3800 Recker Hwy. Winter Haven, FL. 33880
(863) 294-5710 www.calvary.tv

Parental Permission Form and Authorization to Administer Medical Aid

To be completed by a parent or guardian

Date: _____ Destination: _____

Time of Departure: _____ Time of Return: _____

Emergency Information

Name of Parent/Guardian: _____

Parent/Guardian's Address: _____

Parent/Guardian's Telephone:

Home: _____ Work: _____ Cell: _____

Insurance Company: _____

Group Number: _____ Individual Number: _____

Family Physician: _____ Telephone No.: _____

Specify any allergies: _____ Specify any medication: _____

Alternate Contact: _____ Telephone: _____

As the parent or legal guardian of _____, I certify and affirm that I have been completely and thoroughly informed that as a child attending _____, my child will participate in certain activities which carry with them a degree of risk and danger. I acknowledge and understand that Calvary Church may offer other activities not listed above that present similar risks or dangers to my child. I consent to my child's participation in these activities. I acknowledge and understand that this PARENTAL AUTHORIZATION, CONSENT AND RELEASE has the same force and effect regardless of whether the activities engaged in are free or if a fee is charged. Further, I personally assume, on my child's behalf, all risk in connection with said activities for any

harm, injury or damages that may befall my child as a result of my child's participation in the activities, whether foreseen or unforeseen, and I still wish to allow my child to proceed with the activities.

In consideration of my child being allowed to participate in these activities and to use Calvary Church's, equipment and facilities, on behalf of my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Calvary Church, from any and all claims, demands, or causes of action, which are in any way connected with my child's participation in these activities or use of Calvary Church equipment and facilities.

I understand that it is my obligation to inform the church of any and all health considerations or medical conditions that would restrict my child's participation in any and all activities while in the care of Calvary Church. Should the need for medical attention arise the church will attempt to contact me as soon as practicable under the circumstances.

In cases of emergency, I further consent to the examination or treatment of my child by a physician duly licensed to practice medicine in the United States of America or any health care professional duly licensed to provide health care serviced in the United States of America for medical care and services deemed necessary by the doctor, its agents, servants, and employees. I give permission to the doctor or health care professional to provide any and all medical care they deem, in their professional opinion, to be necessary. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

I acknowledge by signing this document, that if anyone is hurt or property is damaged during my child's participation in these activities, I may be found by a court of law to have waived my right to maintain a lawsuit against the church on the basis of any claim form which I have released them herein. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions remain in full force and effect. I have fully informed myself to the contents of this PARENTAL AUTHORIZATION, CONSENT AND RELEASE by reading it before I signed it.

Signature _____ Printed Name _____ Date _____

Contact Number in case of an emergency _____